

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: SPA #03-30	2. STATE Kansas
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(ii)(XVII) of the Social Security Act, codified at 42 U.S.C. 1396a(a)(10)(A)(ii)(XVII).		7. FEDERAL BUDGET IMPACT: a. FFY      2004      \$ 5,000,000 b. FFY      2005      \$ 5,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A Page 23a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.2-A Page 23a  <i>Kansas (03-30)</i> <i>Approved: 01/13/04</i> <i>Effective: 10/01/04</i>	
10. SUBJECT OF AMENDMENT: Foster Care			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED: Janet Schalansky is the Governor's Designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Janet Schalansky - signature//		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary of Social & Rehabilitation Services			
15. DATE SUBMITTED: December 29, 2003			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 29, 2003		18. DATE APPROVED: January 13, 2004	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: //Thomas W. Lenz-signature//	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Division of Medicaid and Children's Health	
23. REMARKS:			

State/Territory: Kansas

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Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

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| 1906 of the Act                          | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>0</u> months.  |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.  |
| 1902(e)(12)                              | 20. A child under age <u>19</u> (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u>12</u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.  |
| 1902(a)(10)(A)(ii)(XVII) of the Act      | 21. Individuals who are in foster care under the responsibility of the State of Kansas on their 18 <sup>th</sup> birthday, without regard to income or resources, through the month of their 21 <sup>st</sup> birthday who are under the following age:<br>effective October 1, 2003, age 18 and 3 months;<br>effective November 1, 2003, age 18 and 4 months;<br>effective December 1, 2003, age 18 and 5 months;<br>thereafter, effective the first day of each following month, the age covered will be increased by one month until July 1, 2006. |

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TN No. MS #03-30 Approval Date 01/13/200 Effective Date 10/01/03

Supersedes

TN No. MS 91-46

HCFA ID: 7982E